GKNG 1266 PCT

PTO/SB/01 (03-01)
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DEGLADATION FO		Attorney Docke	t Number	GKNG 1266 PCT		
DECLARATION FOR UTILITY OR DESIGN		First Named Inv	entor	HEIKO KOSSACK, ET AL.		
PATENT APPL	CO	COMPLETE IF KNOWN				
5	(37 CFR 1.63)			/ APPLIED FOR		
Declaration	Declaration	Filing Date	HER	EWITH		
Submitted OR with Initial	Submitted after Initial Filing (surcharge	Group Art Unit				
Filing	(37 CFR 1.16 (e)) required)	Examiner Name				
As a below named inventor, I he	reby declare that:					
My residence, mailing address, an	d citizenship are as stated	d below next to my nam	e.			
I believe I am the original, first and	I sole inventor (if only one	name is listed below) o	r an original,	first and joint inventor	(if plurat	
names are listed below) of the sub				n the invention entitle	ed:	
LONGITUDINAL PLUNGING U	NIT PERMITTING AXIAL	POSITIONING OF THE	CAGE			
	(T:11 f 41 -	e Invention)				
the specification of which	(Title Of the	e invention)				
is attached hereto						
OR						
was filed on (MM/DD/YYYY)		as United St	ates Application	on Number or PCT In	ternational	
			00		(if applicable)	
Application Number	and was an	nended on (MM/DD/YY)	(*)		(if applicable).	
I hereby state that I have reviewed	d and understand the cont	ents of the above identi	fied specifica	tion, including the clai	ms, as	
amended by any amendment spec	cifically referred to above.					
I acknowledge the duty to disclose in-part applications, material inforr PCT international filing date of the	nation which became avai	ilable between the filing	defined in 37 date of the p	CFR 1.56, including for rior application and th	e national or	
Lhereby claim foreign priority ben	efits under 35 U.S.C. 119	(a)-(d) or (f), or 365(b)	of any foreign	application(s) for pa	tent, inventor's	
or plant breeder's rights certificate than the United States of America	a listed helow and have	also identified below.	by checking	the box, any toreign	application for	
patent, inventor's or plant breeder application on which priority is clair	's rights certificate(s), or med.	any PCT international	application ha	aving a filing date bet	ore that of the	
Prior Foreign Application Number(s)		Foreign Filing Date (MM/DD/YYYY)	Priority Not Claime	Certified Cop	y Attached? NO	
PCT/EP 2004/012312	Germany 1	10/29/2004			V	
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Additional foreign application	numbers are listed on a s	upplemental priority dat	a sheet PTO	SB/02B attached her	eto:	

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer I or Bar Cod		0272	56	OR	V c	orrespondence a	ddress below
ROBERT P. RENKE ARTZ & ARTZ, P.C. Name			-				
28333 TELEGRAPH ROAD SUITE 250 Address					•		
SOUTHFIELD City			State	MI •		ZIP 48034	
U.S.A. Country	Teler	248-223 phone	-9500			248-223 Fax	-9522
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR	:	A petition h	as be	en filed fo	or this ur	nsigned invent	or
Given Name HEI (first and middle [if any])	ко			ily Name urname		KOSSAC	к
Inventor's Signature						Date	
KÖLN Residence: City		State		GERMANY Country	<u>′</u>	Citizenship	GERMAN
FROHNHOFSTRASSE 24 Mailing Address							
City KÖLN		State		ZIP D	-50827	Country	GERMANY
NAME OF SECOND INVENTOR:		A petition ha	s bee	n filed for	this uns	igned invento	r
Given Name AR (first and middle [if any])	NE			y Name rname		BERGER	
Inventor's Signature						Date	
MUCH Residence: City		State		GERM/	ANY	Citizenship	GERMANY
ROSSHOHN 3 Mailing Address				-			
City		State	7	D-5	3804	Country	GERMANY
Additional inventors are being named on the 2	sup	olemental Additio	nal Inv	entor(s) she	et(s) PTC)/SB/02A attache	d hereto.

PTO/SB/02A (09-04)
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DECLARATION			ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 4				
Name of Additional Joint Inventor, if any	A pet	ition ha	as been filed for this ur	nsigned	inventor		
Given Name (first and middle (if any))	Family Nam	ne or S	urname			
OLAF		WOLF			-		
Inventor's Signature					Date		
SIEGBURG Residence: City	State		GERM/ Coun		GERM/ Citize		
WOLSDORFER STRASSE 133							
Mailing Address							
SIEGBURG	Chaha			D-53721	GERMA Count		
City	State			Zip	Count	<u> </u>	
Name of Additional Joint Inventor, if any	<i>/</i> :	A peti	ition ha	as been filed for this ur	signed	inventor	
Given Name (first and middle (if any))	Family Name or Surname						
STEPHAN	MAUCHER						
Inventor's Signature					Date		
SIEGBURG			G	BERMANY		GERMAN	
Residence: City	State			Country		Citizenship	
SCHARNHORSTSTRASSE 6							
Mailing Address							
SIEGBURG				D-53721	GERMA	NY	
City	State]	Zip	Count	ry	
Name of Additional Joint Inventor, if any	<i>ı</i> :	A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
THOMAS	- 1	WECKERLING					
Inventor's Signature					Date		
LOHMAR	State			ERMANY Country		GERMAN Citizenship	
Residence: City HÜTTENWEG 13	State			Journay		Juconomp	-
Mailing Address							
LOHMAR City	State			D-53797 Zip	GERMA Count		

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Name of Additional Joint Inventor, if any	y:	A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))	Family Name or Surname				
MARTIN		GARZORZ				
Inventor's Signature				Date		
ERLENSEE Residence: City	State		MANY untry		GERMAN Citizenship	
RÜDIGHEIMER WEG 23						
Mailing Address			-			
ERLENSEE City	State		D-63526 Zip	GERM. Coun		
Name of Additional Joint Inventor, if any	y:	A petition	has been filed for this u	ınsigned	inventor	
Given Name (first and middle (if any))	Family Name or Surname				
CHRISTIAN	KRÄMER					
Inventor's Signature				Date	· · · · · · · · · · · · · · · · · · ·	
HATTERSHEIM			GERMANY		GERMAN	
Residence: City	State		Country	Citizenship		
NEUSTRASSE 1						
Mailing Address						
HATTERSHEIM			D-65795	GERM	ANY	
City	State		Zip	Coun	try	
Name of Additional Joint Inventor, if any	/ :	A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))		Family Name or Surname				
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Inventor's Signature		-		Date		
Residence: City	State		Country		Citizenship	
Mailing Address	1			T		
City	State		Zip	Count	try	

PTO/SB/81 (11-04)

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Application Number	APPLIED FOR
Fillng Date	HEREWITH
First Named Inventor	HEIKO KOSSACK, ET AL.
Title	LONGITUDINAL PLUNGING UNIT PERMITTING AXIAL POSITIONING OF THE CAGE
Art Unit	
Examiner Name	
Attorney Docket Number	GKNG 1266 PCT

I hereby revoke a	Il previo	us powers of attorney give	en in the abo	ove-ide	ntified applic	ation.	
I hereby appoint:	p. 57.6						
	✓ Practitioners associated with the Customer Number: 027256						
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Assignee of	record of	the entire interest. See 37 CFR	3.71.				
Statement u	nder 37 C	FR 3.73(b) is enclosed. (Form P	PTO/SB/96)				<u> </u>
		SIGNATURE of A	Applicant or As	signee	of Record		
Signature	HEIKO I	KOSSACK				Date	<u> </u>
Name	ļ					Telephone	
Title and Company	<u></u>						
NOTE: Signatures of all signature is required, see	the inventor	rs or assignees of record of the entire	e interest or their	represent	ative(s) are requir	ed. Submit n	nultiple forms if more than one
*Total of 7		forms are submitted.					

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POWER OF ATTORNEY	Filing Date	HEREWITH		
and	First Named Inventor	HEIKO KOSSACK, ET AL.		
	Title	LONGITUDINAL PLUNGING UNIT PERMITTING AXIAL POSITIONING OF THE CAGE		
CORRESPONDENCE ADDRESS	Art Unit			
INDICATION FORM	Examiner Name			
	Attorney Docket Number	GKNG 1266 PCT		

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		SIGNATURE of	Applicant or A	ssignee	of Record			
Signature	ARNE B	ERGER				Date		
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Title and Company								
NOTE: Signatures of all signature is required, see	he inventor below*.	s or assignees of record of the enti-	re interest or their	represent	ative(s) are require	ed. Submit multiple for	rms if more than one	:
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Application Number	APPLIED FOR
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Examiner Name	
Attorney Docket Number	GKNG 1266 PCT

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		SIGNATURE of A	Applicant or As	ssignee	of Record				
Signature	OLAF W	/OLF				Date			
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NOTE: Signatures of all the signature is required, see	ne inventor below*.	s or assignees of record of the entir	e interest or their	represent	ative(s) are require	ed. Submit multiple forms if more than one			
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Attorney Docket Number	GKNG 1266 PCT

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		SIGNATURE of	Applicant or A	ssignee	of Record		
Signature	STEPH	AN MAUCHER				Date	
Name						Telephone	<u> </u>
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Examiner Name				
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I hereby revoke a	I previo	ous powers of attorney given in the	above-ide	entified application	on.
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Assignee of record of the entire interest. See 37 CFR 3.71.					
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
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NOTE: Signatures of all the signature is required, see	ne invento below*.	rs or assignees of record of the entire interest or the	eir represent	tative(s) are required. S	Submit multiple forms if more than one
*Total of 7		forms are submitted.			

Charles Committee , Elica

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Art Unit					
Examiner Name					
Attorney Docket Number	GKNG 1266 PCT				

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Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71.							
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Signature	MARTIN	N GARZORZ				Date	
Name						Telephone	<u> </u>
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NOTE: Signatures of all signature is required, se		rs or assignees of record of the enti	ire interest or their	represent	ative(s) are require	ed. Submit m	ultiple forms if more than one
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I hereby revoke a	all previous powers of attorney g	iven in the above-ide	ntified application.		
I hereby appoint:					
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Please recognize or o	change the correspondence address for	the above-identified applic	cation to:		
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Individual Address	I Name				
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I am the: Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
SIGNATURE of Applicant or Assignee of Record					
Signature	CHRISTIAN KRÄMER		Date		
Name			Telephone		
Title and Company					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
*Total of 7	forms are submitted.				